

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Employment Administration • Jobs Administration
EMPLOYMENT PLAN (EP)

PARTICIPANT'S NAME <i>(Last, First, Middle)</i>				JOBS ID NO.	
JOBS/FSE&T STAFF NAME			PHONE NO. ()		OFFICE NO.
PLAN TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Revision	INITIAL PLAN DATE	RE-EVALUATION DATE	REVISION DATE		CHILD CARE <input type="checkbox"/> Yes <input type="checkbox"/> No
SHORT TERM EMPLOYMENT GOAL WHILE ON CASH ASSISTANCE <i>(Describe the steps to this goal)</i>					
CAREER GOAL <i>(Describe the steps to this goal)</i>					

ACTIVITY											
ACTIVITY	PROVIDER / ID NO. LOCATION CODE	BEGINNING DATE	ENDING DATE	ENTER HOURS SCHEDULED PER DAY							
				SAT	SUN	MON	TUES	WED	THU	FRI	TOTAL
				SAT	SUN	MON	TUES	WED	THU	FRI	TOTAL
				SAT	SUN	MON	TUES	WED	THU	FRI	TOTAL
				SAT	SUN	MON	TUES	WED	THU	FRI	TOTAL
				SAT	SUN	MON	TUES	WED	THU	FRI	TOTAL

SUPPORT SERVICES				
SUPPORT SERVICE	PROVIDER / ID NO. LOCATION CODE	BEGINNING DATE	ENDING DATE	PURPOSE OF REFERRAL

COMMENTS *(If applicable, describe the needs of other family members that may be addressed through JOBS)*

STATEMENT OF UNDERSTANDING

I understand that an Employment Plan (EP) is required for participation in the Jobs/FSE&T program. This EP was developed by Jobs/FSE&T staff and me and contains activities and services that we agree will help me become more self-sufficient. I know that this EP is not a contract. I understand that it can be changed if my situation changes or if the resources of the Jobs/FSE&T program change. I will notify Jobs/FSE&T staff if I want to change this plan. My signature below indicates that I understand this Employment Plan (EP).

PARTICIPANT'S SIGNATURE	DATE
JOBS/FSE&T STAFF SIGNATURE	DATE

Routing: **Original** – Case File, **Canary** – Participant

Equal Opportunity Employer/Program

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting your local Jobs office • Disponible en español en la oficina local.